

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2008 JAN 25 AM 9:57

COMMITTEE NAME (Must be same as on Statement of Organization)

Voices To Elect NATHAN BROWN

IMPORTANT: Indicate by # type of committee you are reporting for: 10

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

NATHAN BROWN

Political Party (if applicable)

Office Sought

DAVENPORT ALDERMAN

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Thomas Chagel
SIGNATURE OF PERSON FILING REPORT

563-386-2672
TELEPHONE

1/22/08
DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED *9-29-07*

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

10-9-07

County & Local Committees, enter County in
which Election is held

50011

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ *-0-*

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,313.00

Schedule F: Loans Received total (Attach Schedule F)

300.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ *2,613.00*

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,558.72

Schedule F: Loan Repayments total (Attach Schedule F)

300.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ *754.28*

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ _____

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ *400.00*

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOICES TO ELECT NATHAN BROWN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/22/07	ID# CK#	NATHAN BROWN 915 CANNATTOWN DAV IA 52804	CANDIDATE	\$ 100.00	<input type="checkbox"/>
2/20/07	ID# CK#	" "	"	500.00	<input type="checkbox"/>
4/20/07	ID# CK#	DOUNA GOEGLEIN 11224 GRAND AVE KANSAS CITY, MO 64114	AUNT	50.00	<input type="checkbox"/>
	ID# CK#	ARTHUR BROWN 11435 BROTHERTREE DR OSCEOLA, IN 46341	FATHER	200.00	<input type="checkbox"/>
	ID# CK#	WILLIAM GOEGLEIN 2905 WHITEGATE DR FT WAYNE, IN 46805	GRAND FATHER	50.00	<input type="checkbox"/>
	ID# CK#	CHRISTINE GOEGLEIN 14118 JONAS BLVD FORT WAYNE, IN 46845	AUNT	50.00	<input type="checkbox"/>
	ID# CK#	BRYAN BROWN 4630 PERIWINKLE LANE INDIANAPOLIS, IN 46220	COUSEIN	50.00	<input type="checkbox"/>
	ID# CK#	BRENDA KNAPP 12552 115TH ST N LARGO, FL 32778		50.00	<input type="checkbox"/>
5/1/07	ID# CK#	STEVE JANA ANKENBROOK 9507 WITTEREND LANE FORT WAYNE, IN 46535	UNCLE AUNT	50.00	<input type="checkbox"/>
1	ID# CK#	JAMES & PAT DEVOGHT 1811 VALLEY DR DAV IA 52804		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1170.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

VOICES TO ELECT NATHAN BROWN

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/18/07	ID# CK#	TOM ENGELMANN 4552 MAIN PAV IA 52806		\$ 100.00	<input type="checkbox"/>
	ID# CK#	CINDY WINKLER 6 THODE CT PAV IA 52802		50.00	<input type="checkbox"/>
	ID# CK#	MARLEN HAP VOLT 2304 WYNNWOOD CT PAV IA 52807		25.00	<input type="checkbox"/>
	ID# CK#	LINDA JENSEN 6815 W 9TH ST PAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	MISCELLANEOUS UNIDENTIFIED CASH		183.00	<input type="checkbox"/>
	ID# CK#	MARLENE ZATON 1204 S VERMONT PAV IA 52802		15.00	<input type="checkbox"/>
	ID# CK#	BARB RAY 114 VALLEY HTS RD BLUE GRASS, IA 52724		40.00	<input type="checkbox"/>
	ID# CK#	PECK DVNN 1035 S CONCORD DAVENPORT, IA 52802		50.00	<input type="checkbox"/>
	ID# CK#	DENNIS DEPECKER 3400 CENTRAL BETT IA 52722		25.00	<input type="checkbox"/>
	ID# CK#	CATHY HART 2131 N HATFIELD PAV IA 52803		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 538.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOICES TO ELECT NATHAN BROWN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/18/07	ID# CK#	ALFRED MEYER 829 CEMARRON DR DAV IA 52804		\$ 25.00	<input type="checkbox"/>
	ID# CK#	TENCE SIMMON 829 CEMARRON DR DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	MATY BYRAM 1850 W 59TH ST DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	LARRY D'ANTONIO 4205 KENNA CT DAV IA 52804		20.00	<input type="checkbox"/>
	ID# CK#	ANNEMARIE HARKSEN 911 CEMARRON DR DAV IA 52804		20.00	<input type="checkbox"/>
	ID# CK#	PATRICIA PUNN 3124 PEARL DAV IA 52802		20.00	<input type="checkbox"/>
	ID# CK#	SANDRA FRETICKS 6142 145TH S BLUE GRASS IA 52726		15.00	<input type="checkbox"/>
	ID# CK#	SOE FREMBGEN 1033 KERRILWOOD BLVD DAV IA 52803		35.00	<input type="checkbox"/>
	ID# CK#	CHARLES VOLLMER 901 CEMARRON DR DAV IA 52804		50.00	<input type="checkbox"/>
	ID# CK#	KARL RHOMBERTS 3330 TREMONT DAVENPORT, IA 52803		25.00	<input type="checkbox"/>
SUB-TOTAL				\$260.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 4
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOICERS TO ELECT NATHAN BROWN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/18/07	ID# CK#	EDWIN BROWN 2615 IOWA DAV IA 52803		\$ 20.00	<input type="checkbox"/>
8/29/07	ID# CK#	AARON LAKE 923 ILLINOIS DAV IA 52802		100.00	<input type="checkbox"/>
	ID# CK#	DICK & SARA MORITZ 718 S POLK ST DAV IA 52802		25.00	<input type="checkbox"/>
	ID# CK#	PONNA GREENING 920 CEMARON DR DAV IA 52802		25.00	<input type="checkbox"/>
	ID# CK#	JO ONKEN 802 S MISSISSIPPI BLUE GRASS, IA 52724		20.00	<input type="checkbox"/>
	ID# CK#	ROBERT ONKEN 1315 SUNRISE HILLS DR BETT IA 52722		50.00	<input type="checkbox"/>
	ID# CK#	MATCH HIGGINS 2503 W 3RD DAV IA 52802		25.00	<input type="checkbox"/>
	ID# CK#	BRIAN NAGLE 4207 WOODLAND CT DAV IA 52807		20.00	<input type="checkbox"/>
	ID# CK#	KIRSTEN HOSKINS 726 E LOWER AVE MISHAWAKA, IN 46545	SISTER	30.00	<input type="checkbox"/>
	ID# CK#	CHARLIE BROOKE 3236 FERNWOOD CT DAV IA 52807		80.00	<input type="checkbox"/>
SUB-TOTAL				\$395.00	
TOTAL (if last page of this schedule)				\$2313.00	

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

VOICES TO ELEANOR NATHAN BROWN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/30/07	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	CHECK PRINTING	\$ 29.75
2/7/07	ID# CK#	" " "	BANK SCS	2.14
3/7/07	ID# CK#	" " "	" "	2.14
4/6/07	ID# CK#	" " "	" "	2.14
4/10/07	ID# CK# 1002	PRECISION SIGNS 1055 VALLEY DR BETH IA 52722	YARD SIGNS	695.50
4/28/07	ID# CK# 1003	JENAFER ATCHLEY 1818 VALLEY DR DAVENPORT, IA 52804	PHOTOGRAPH FOR LITERATURE	25.00
5/7/07	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SCS	4.82
6/7/07	ID# CK#	" " "	" "	4.82
SUB-TOTAL				\$ 766.31
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Voices To Elect NATHAN BROWN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/4/07	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SC'S	\$ 4.82
7/9/07	ID# CK# 1004	OFFICE MAX 320 W KIMBERLY DAV IA 52804	STAMP/ENVELOPES	27.11
7/10/07	ID# CK# 1005	REVIEW PRINTING 311 21ST ST ROCK ISLAND, IL 61201	PRINTING	210.00
7/20/07	ID# CK# 1006	OFFICE MAX 320 W KIMBERLY DAV IA 52804	FUNDRAISER SUPPLIES	24.35
8/7/07	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SC'S	7.49
9/10/07	ID# CK#	" " "	" "	17.70
8/28/07	ID# CK# 1007	REVIEW PRINTING 311 21ST ST ROCK ISLAND, IL 61201	PRINTING	32.00
9/4/07	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES IA 50309	RETURN ITEM FEE	25.00
SUB-TOTAL				\$348.47
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Voices To Elect NATHAN BROW

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/29/07	ID# CK# 1008	QUAD CITY DIRECT MAIL 5333 AVENUE OF THE CITIES MOUNK, IL 61765	MAILING COST	\$443.94
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$443.94
TOTAL (if last page of this schedule)				\$1,558.72

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Voices To Elect Nathan Brown

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☒ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/11/07	Tom + Roxanna Moritz 220 N Elmwood DAN IA 52812		Food for Fundraiser	\$ 400.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

400.00

TOTAL (if last
page of this
schedule)

\$

400.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

VOICES TO ELECT NATHAN BROWN

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

SCHEDULE
F
(Rev. 07/03)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
2/20/07	NATHAN BROWN 915 CEMARTRON DAVENPORT, IA 52804	CANDIDATE	\$ 300.00

TOTAL (PART I) \$ 300.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
6/22/07	NATHAN BROWN 915 CEMARTRON DAVENPORT, IA 52804	CANDIDATE	\$ 300.00

TOTAL CASH REPAYMENTS (PART II) \$ 300.00

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

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Page 1 of 1
(for Schedule F)